

**STATEMENT BY AMERICAN HEART ASSOCIATION
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FY 2016 LABOR-HHS-EDUCATION APPROPRIATIONS: NIH, CDC, HRSA

Remarkable strides have been made in the prevention and treatment of cardiovascular disease (CVD) and stroke. However, we must face the hard truth. There is still no cure for America's No. 1 and most costly killer. CVD costs nearly \$1 billion a day. Stroke is our No. 5 killer and second leading cause of dementia.

Today, nearly 86 million U.S. adults suffer from some form of CVD and those grim statistics will only get worse. It is projected that by the year 2030, nearly 44% of U.S. adults will live with CVD at a cost exceeding \$1 trillion annually. Yet inexplicably, CVD research, prevention, and treatment remain disproportionately underfunded with no sustained and stable funding from the National Institutes of Health. Therefore, we emphasize that robust NIH-funded research is vital for a continuing and effective campaign against these deadly and debilitating diseases.

The American Heart Association recognizes the challenges our nation and Congress face to reduce the budget deficit. However, sequestration is not, and never is the answer. These cuts put at grave risk the health of tens of millions of CVD sufferers, stifle economic growth, and jeopardize our global leadership in medical research. We therefore challenge Congress to appropriate stable and sustained funding for CVD research, prevention, and treatment. Moreover, during the upcoming debate on funding, Congress should recognize that NIH-funded research has a proven return on investment. It drives economic growth, including good, high-paying jobs,

stimulates innovation, and maintains America's time-honored leadership in medical research—something that is now under threat with the current budget constraints on the NIH.

FUNDING RECOMMENDATIONS: INVESTING IN THE HEALTH OF OUR NATION

It comes down to this. Research that could move us closer to a cure for cardiovascular disease and stroke goes unfunded. Congress must capitalize on 50 years of progress or our nation will pay more in lives lost and health care costs. Our recommendations tackle these issues in a fiscally responsible way.

Capitalize on Investment for the National Institutes of Health (NIH)

Robust NIH-funded research helps prevent and cure disease, transforms patient care, stimulates economic growth, fosters innovation, and maintains U.S. leadership in pharmaceuticals and biotechnology. NIH is the world's leader of basic research—the foundation for all medical advances—and an essential Federal government function that the private sector cannot ever replace. But, our country's competitive edge in scientific research has been eroded in recent years by scarce funding.

In addition to improving health, NIH generates a solid return on investment. In FY 2012, NIH supported 400,000 U.S. jobs and created about \$60 billion in new economic activity. Every \$1 in NIH funding created \$2 in economic activity in 2007. Yet, due to scarce resources over the past decade, NIH lost more than 20% of its purchasing power. Sadly, this decline occurred at a time of unprecedented scientific opportunity as other countries wisely increased investment in science—some by double digits. These cuts have disheartened early U.S. career investigators who may decide against pursuing a career in research unless Congress takes action.

American Heart Association Advocates: We urge Congress to appropriate \$33 billion for NIH to begin to restore its purchasing power, and advance cardiovascular disease research.

Enhance Funding for NIH Heart and Stroke Research: A Proven and Wise Investment

NIH research plays a pivotal role in reducing CVD death rates. Today, scientists are close to discoveries that could result in revolutionary treatments and even cures. In addition to saving lives, NIH studies are economical. For example, investments in the NIH Women's Health Initiative postmenopausal estrogen plus progestin trial generated a total economic return of \$140 for every \$1 invested in the trial and led to 76,000 fewer cases of cardiovascular disease. The first NIH tPA drug trial led to a 10-year net \$6.47 billion reduction in stroke care costs.

Cardiovascular Disease Research: National Heart, Lung, and Blood Institute (NHLBI)

Much of the decline in cardiovascular disease death rates is a result of NHLBI-funded research. However, this begs the question, "Why has NHLBI extramural heart research fallen 17% in constant dollars since 2002?" Stable and sustained NHLBI funding remains key to building on investments that have led to major advances. Look at losartan as an alternative treatment for Marfan syndrome; the identification of loss of-function apolipoprotein C3 gene changes as a potential therapy for cutting heart disease risk; the use of nanoparticles to cut atherosclerotic plaque inflammation; and cells from human induced pluripotent stem cells to fix damaged heart tissue. Sustained funding will allow the NHLBI to implement its bold strategic vision.

Stroke Research: National Institute of Neurological Disorders and Stroke (NINDS)

An estimated 795,000 Americans will suffer a stroke this year and nearly 129,000 will die from one. Many of the 7 million survivors deal with grave physical, mental, and emotional distress. In

addition, stroke costs an estimated \$34 billion in medical expenses and lost productivity each year and a recent study projects that direct costs of stroke will triple between 2010 and 2030.

Stable and sustained NINDS funding is vital to building on stroke advances, including research showing that a stent system removes clots in large blood vessels to stop stroke damage. More resources could also help improve stroke recovery; boost NIH Stroke Trials Network; hasten translation of preclinical animal models into clinical studies; prevent vascular cognitive damage; expedite comparative effectiveness research trials; develop imaging biomarkers; refine clot-busting treatments; achieve robust brain protection; and promote the use of neural interface devices. Additional funding is also needed to support the BRAIN Initiative.

American Heart Association Advocates: We recommend that NHLBI be funded at \$3.3 billion and NINDS at \$1.8 billion.

Increase Funding for the Centers for Disease Control and Prevention (CDC)

Prevention is the best way to protect us from the physical and fiscal ravages of heart disease and stroke. Yet, proven efforts are not fully executed due to scarce funds. We thank Congress for retaining in P.L. 113-203 the needed boost for the Division for Heart Disease and Stroke Prevention. In addition to funding research and evaluation and developing a surveillance system, the DHDSP directs Sodium Reduction in Communities and the Paul Coverdell National Acute Stroke Registry. DHDSP and the Centers for Medicare and Medicaid Services are promoting the Million Hearts™ initiative aimed at stopping 1 million heart attacks and strokes by 2017. DHDSP runs WISEWOMAN, serving uninsured and under-insured, low-income women ages 40 to 64. It helps

them from becoming heart disease and stroke statistics through preventive health services, referrals to local health care, and tailored lifestyle plans to foster lasting behavioral change.

American Heart Association Advocates: We join the CDC Coalition in asking for \$7.8 billion for CDC's program level. AHA requests \$130.037 million for the DHDSP to intensify work on the State Public Health Actions and on the State and Local Public Health Actions To Prevent Obesity, Diabetes, Heart Disease, and Stroke; and \$37 million for WISEWOMAN. We ask for \$5 million for Million Hearts™ to better control blood pressure—a “silent killer” of Americans.

Restore Funding for Rural and Community Access to Emergency Devices (AED) Program

About 90% of cardiac arrest victims die outside of a hospital. Yet, early CPR and use of an AED can more than double survival. Communities with full AED programs have survival rates near 40%. HRSA's Rural and Community AED Program awards competitive grants to states to buy AEDs, tactically place them, and train lay rescuers and first responders in their use. As a result of this program, nearly 800 patients were saved from August 1, 2009 to July 31, 2010. But scarce resources allow only 19% of approved applicants in 6 states to receive funds in FY 2014.

American Heart Association Advocates: We advocate for an \$8.927 million appropriation for PHS Act sections 413 and 313, returning the program to FY 2005 levels with 47 funded states.

CONCLUSION

Cardiovascular disease, including stroke, still inflict a staggering physical and economic toll on the American people. Our recommendations for NIH, CDC, and HRSA will save lives and reduce health care costs. We respectfully ask the Committee to endorse our recommendations that are a wise investment for our great nation and the well-being of this and future generations.